

UNIVERSITY OF LONDON.

EXAMINATION

FOR THE DEGREE OF

DOCTOR OF MEDICINE

IN THE YEAR 1841.

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EXAMINERS.



*Elements of Intellectual Philosophy, Logic, and
Moral Philosophy.*

Rev. Dr. JERRARD.

T. B. BURCHAM, Esq., M.A.

Surgery.

JOHN BACOT, Esq.

SIR STEPHEN LOVE HAMMICK, Bart.

Medicine.

ARCHIBALD BILLING, M.D.

ALEXANDER TWEEDIE, M.D., F.R.S.

Midwifery.

EDWARD RIGBY, M.D.

GOLD MEDALS, AND CERTIFICATES OF
SPECIAL PROFICIENCY.



GOLD MEDALS.

For a Commentary on a Case in Medicine.

1839. JOHN TAYLOR Medical Schools, &c.
University College.

In Medicine.

1841. FREDERICK WM. MACKENZIE . University College.

In Midwifery.

1841. JONATHAN MASON WADDY .. Guy's & St. Thomas's.

CERTIFICATES OF SPECIAL PROFICIENCY.

In Medicine.

1839. JOHN TAYLOR University College.

1841. WILLIAM MARTEN COOKE ... Webb Street.

FREDERICK WM. MACKENZIE University College.

PASS EXAMINATION.

MONDAY, November 22.—MORNING, 10 to 1.

ELEMENTS OF INTELLECTUAL PHILOSOPHY, LOGIC, AND MORAL PHILOSOPHY.*

Examiner, Rev. Dr. JERRARD.

1. WHAT are the reasons assigned by Bacon for the slow progress of Natural Philosophy among the Ancients? Explain, and illustrate, by any example, the true system of the Interpretation of Nature.

2. How is *probable* evidence essentially distinguished from *demonstrative*? In what respects does demonstrative knowledge differ from *intuitive*?

3. How do we get the idea of Infinity? Is that idea positive or negative? To what things only are the terms *finite* and *infinite* primarily attributed? Is Locke's theory of Personal Identity open to any valid objection?

4. What arguments, from Analogy, in favour of a future state of existence are brought forward by Butler? And how

* The following Works have been selected for the Examination in Logic, Moral, and Intellectual Philosophy, for the Degree of DOCTOR OF MEDICINE in the year 1842:

Logic.—Bacon's *Novum Organum*, Part I.

Philosophy of the Mind.—Cousin's Analysis of Locke's Essay (being the 3rd volume of his *Cours de Philosophie*).

Moral Philosophy.—Butler's *Analogy*, Part I. Stewart's *Outlines of Moral Philosophy*.

does he answer the objections made to his reasoning on this subject? When we speak of the present system of things as *natural*, what is the only distinct meaning which we can give to that word?

5. How does it appear probable, from the Analogy of Nature, that the present life is intended to be a state of Moral Discipline?

Examiner, Mr. BURCHAM.

1. Are there any grounds for Cousin's objection that Locke confounds consciousness with reflection? What is the distinction usually made between these faculties? Give any arguments for or against the assertion that a cognition and the consciousness of a cognition are one and the same thing.

2. Why can we have no idea of the *place* of the universe? How would you define place, according to Locke's doctrine respecting *space* and *body*? Show, from any passage in Locke's Essay, that he could not have confounded the two latter ideas.

3. Are the notions which we annex to the words *matter* and *mind* absolute or relative? What does Locke mean when he says, 'Number gives us the clearest idea of infinity'? Give Cousin's argument against him on this point, and point out its fallacy.

4. Mention the *active principles* enumerated by Stewart. Which does he term *Instinctive Propensities*, and which *rational principles of action*? What is meant by *Active Powers*, as contrasted or connected with *Intellectual Powers*? By what circumstances are our appetites distinguished from our other principles of action?

5. In what does Clarke make virtue to consist? Show that in his system it is presupposed as an object of moral sentiment. How, and to what extent, does reason influence our moral approbation and disapprobation?

MONDAY, November 22.—AFTERNOON, 3 to 6.

COMMENTARY ON A CASE IN MEDICINE,
SURGERY, OR MIDWIFERY.
CELSUS, *DE RE MEDICA*.

CASE IN MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

A woman, 48 years of age, gave the following history on the 6th October. About twelve months previously, her health began to decline: her digestion was often attended with pain, and though she did not vomit, the food was frequently disliked: the bowels were seldom relieved except by the aid of injections. Her ailment, however, did not prevent her following her ordinary avocations. On the 20th September, the abdomen became painful and inflated, and, on the following day, the bowels obstinately constipated, notwithstanding the repeated employment of injections, which were returned as soon as administered, without bringing away any feculent matter. When she applied for advice, her countenance was pale, her features sharp, and there was general pain over the abdomen, more severe in the right flank, and increased on pressure. The abdomen was more distended and tympanitic: vomiting came on for the first time during the night: the tongue was of natural appearance, and flatus was frequently expelled from the stomach, but none from the bowels. There had been no stool for the preceding seven or eight days: the breathing was hurried, the pulse small and frequent, but the skin was cool. These symptoms continued unabated for the next three days, when the distention of the

abdomen still increased, the breathing became more quick, the pulse small and thready, and the extremities cold. She expired in the evening.

What was the nature of this disease? What morbid appearances would you expect to find after death? What treatment would you have adopted?

CASE IN SURGERY.

Examiners, Mr. BACOT and Sir STEPHEN HAMMICK.

Comment on the following case of Surgery from Mr. Potts's Treatise on Injuries of the Head, and contrast it with the practice and opinions of the present day.

“ A bricklayer's labourer was knocked down by the fall of a large heavy pantile, which made a large wound in the scalp and broke the skull; the fracture began in the left parietal bone, and traversing the coronal suture, ran about an inch in the os frontale.

“ He was soon brought to the hospital, where the scalp was immediately removed, so as to make way for the trephine, which instrument was applied on each side of the suture, in such manner as to comprehend the fracture in each application of it.

“ The dura mater was found to be uninjured; there was neither extravasation, nor any other mark of mischief. The patient was freely and repeatedly let blood, kept to a proper regimen, and prescribed for by the physician; in two months he was discharged perfectly well, and had not during his cure one single bad symptom.

“ It may very reasonably be remarked, that this was one of those cases which would have done well without the operation, which I am much inclined to believe; but does not this case, as well as many others, prove also, that the laying bare the uninjured dura mater is not a matter of such hazard as some have supposed it to be?”

CASE IN MIDWIFERY.

Examiner, Dr. RIGBY.

R. Y. æt. 23, 2nd child. A small, stunted, red-haired, mean-featured woman.

November 11, 1838. Had been in pains for some time before I was sent for. Liquor amnii escaped six hours ago. Pains moderate: is fretful and childish: complains only of her back.

On examination per vaginam, the os uteri is fully dilated; the pelvis is very narrow, the sacrum very straight, and the promontory not more than $2\frac{3}{4}$ inches from the symphysis pubis. The inclination of the pelvis is very considerable, so that the outlet looks nearly downwards. The head is resting loosely on the brim, and a small swelling of the scalp has taken place in the most depending part.

Fifteen months ago she was delivered by perforation, and with some difficulty. I determined to perforate in the present instance: the bowels had been relieved a few hours previously, and I emptied the bladder of the small quantity of urine which it contained. I perforated the head at that part which corresponded to the centre of the brim of the pelvis; it was very thick and hard. I introduced an elastic tube to the base of the brain, and, throwing up a powerful stream of warm water, dislodged and broke up the brain, which came away readily. I endeavoured to hook down the head with my finger, but it advanced very little; still however the bones continued to collapse: the blunt hook brought it down into the cavity of the pelvis, but as the advance was exceedingly slow I applied the forceps: the blades passed with perfect ease in the transverse diameter. By holding the handles in my right hand, and pulling the blades backwards with the left, I brought the head down, and delivered her of a moderate-sized child (male). The perforation was on the right tuber parietale.

Among other observations, state---

Whether the child was probably alive when perforated?

Whether the perforation was justifiable?

Whether the perforation was made in the right spot?

What was the object in using the elastic tube?

Whether the application of the forceps after perforating was justified?

In what position was the head?

How came the perforation to be on the right tuber parietale?

What ought to be the prognosis as to her recovery, and the after-treatment?

CELSUS.

Examiners, Dr. BILLING and Dr. TWEEDIE.

Proxima his inter intestinorum mala tormina esse consueverunt: *δυσεντερία* Græcè vocatur. Intùs intestina exulcerantur: ex his cruor manat: isque modò cum stercore aliquo semper liquido, modò cum quibusdam quasi mucosis excernitur; interdùm simul quædam carnosæ descendunt: frequens dejiciendi cupiditas, dolorque in ano est. Cum eodem dolore exiguum aliquid emittitur, atque eo quoque tormentum intenditur: idque post tempus aliquod levatur, exiguaque requies est; somnus interpellatur, febricula oritur, longoque tempore id malum quàm inveteraverit, aut tollit hominem, aut etiamsi finitur, excruciat. Oportet in primis conquiescere; siquidem omnis agitatio exulcerat: deindè jejenum sorbere vini cyathum, cui contrita radix quinquefolii sit adjecta: imponere cataplasmata super ventrem quæ reprimunt; quod in superioribus ventris morbis non expedit: quotiesque desidit, subluere aquâ calidâ in quâ decoctæ verbenæ sint: portulacam vel coctam vel ex durâ muriâ edisse; cibos potionesque eas, quæ adstringunt alvum. Si vetustior morbus est, ex inferioribus partibus tepidum infundere vel ptisanæ cremorem, vel lac, vel adipem liquatam, vel medul-

lam cervinam, vel oleum, vel cum rosâ butyrum, vel cum eadem album crudum ex ovis, vel aquam in quâ lini semen decoctum sit; vel, si somnus non accedit, vitellos cum aquâ in quâ rosæ floris folia cocta sint: levant enim dolorem hæc, et mitiora ulcera efficiunt; maximèque utilia sunt, si cibi quoque secutum fastidium est. Themison muriâ durâ quàm asperrimâ sic utendum memoriæ prodidit. Cibi verò esse debent qui leniter ventrem adstringant. At ea quæ urinam movent, si id consecuta sunt, in aliam partem humorem avertendo prosunt; si non sunt consecuta, noxam augent: itaque nisi in quibus promptè id facere consuerunt, non sunt adhibenda. Potui, si febricula est, aqua pura calida, vel ea quæ ipsa quoque adstringat, dari debet: si non est, vinum leve austerum. Si pluribus diebus nihil remedia alia juverunt, vetusque jam vitium est, aquæ benè frigidæ potio assumpta ulcera adstringit, et initium secundæ valetudinis facit. Sed ubi venter suppressus est, protinùs ad calidam positionem revertendum est. Solet autem interdùm etiam putris sanies pessimique odoris descendere: solet purus sanguis profluere. Si superius vitium est, alvus aquâ mulsâ duci debet; tùm deindè eadem infundi, quæ suprâ comprehensa sunt. Valensque est etiam adversùs cancerem intestinorum, minii gleba cum salis heminâ contrita, si mixta his aqua in alvum datur. At, si sanguis profluit, cibi potionesque esse debent, quæ adstringant. (Lib. iv. cap. xv.)

TUESDAY, November 23.—MORNING, 10 to 1.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Enumerate the varieties of intermittent fever, and the modifications of each type: describe the lesions or local affections with which they are occasionally complicated.

2. In investigating the causes of dropsy, what circumstances would lead to the inference that it depends on renal disease?

3. Give the symptoms, anatomical characters, and treatment of inflammation of the membranes of the brain.

4. Detail the general and physical signs of pericarditis. What are its anatomical characters? How should it be treated?

TUESDAY, November 23.—AFTERNOON, 3 to 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. What are the symptoms and anatomical characters of Croup? State the indications of treatment and the means of fulfilling them.

2. Detail the progressive symptoms and physical signs of Pleurisy. How is it distinguished from Pneumonia? Men-

tion the treatment to be pursued both in the early and in the advanced stage of the disease.

3. Describe the forms, and give the general and physical signs of hypertrophy of the heart. How is it distinguished from nervous palpitation?

4. Specify the more important complications or secondary affections which arise in the progress of cardiac hypertrophy.

FRIDAY, November 26, at 10 A.M.

EXAMINATION ON THE ANSWERS TO THE
PRINTED PAPERS, AND ON THE COMMEN-
TARIES.

By Vivâ Voce Interrogation.

Examiners, Dr. BILLING, Dr. RIGBY, and Dr. TWEEDIE.

EXAMINATION FOR HONOURS.

EXAMINATION FOR HONOURS.

TUESDAY, November 30.—MORNING, 10 to 1.

SURGERY.

Examiners, Mr. BACOT and Sir STEPHEN HAMMICK.

1. GIVE a description of the various mild and malignant diseases of the female Breast and Axilla; detailing the symptoms, appearances, and treatment, not only of such tumours or diseases as ought to be removed by the knife, but of such other diseases and tumours wherein an operation is either not required or forbidden: describe the method of extirpating the Breast, with the mode of dressing and subsequent treatment.

2. What is a Femoral Hernia? How would you detect it, and with what diseases might it be confounded? In how many different conditions may such a hernia be found? Give the symptoms and treatment of each state respectively; and when you have determined on an operation, state your reasons for such determination: detail the method of performing it, with the management necessary, according to the various conditions in which the contents of the Hernial Sac may be found; following the case up, step by step, either to a successful or fatal termination.

TUESDAY, November 30.—AFTERNOON, 3 to 6.

SURGERY.

Examiners, Mr. BACOT and Sir STEPHEN HAMMICK.

1. Give the symptoms and the various causes of a collection, of matter or water, in the cavity of the Chest: under what circumstances, or with what views, would you proceed to perform the operation of Paracentesis Thoracis? Describe the method of performing it, with the subsequent treatment; and where the case terminates fatally, detail the appearances usually found on examining the cavity of the thorax.

2. What are the symptoms and mode of treating a retention of urine, arising either from accident or disease? Describe those accidents and diseases; and when your modes of relief have been unsuccessful, what are the symptoms that would determine you to puncture the bladder? Enumerate and describe the various operations that have been recommended for that purpose, either by the rectum, through the perinæum, or above the pubes, with your opinion of their relative merits. State whether all three of the above-named operations are applicable in all conditions of the bladder and neighbouring parts, with your reasons for preferring one or other of them in particular cases.

WEDNESDAY, December 1.—MORNING, 10 to 1.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Enumerate the forms of rheumatism: describe the symptoms and progress of acute rheumatism—its pathology—complications—diagnosis and treatment. Give an outline of the treatment of rheumatism, including the effects of climate, and of the more approved mineral waters in chronic cases.

2. Describe the symptoms of chorea: mention its nature and causes; and detail the several modes of treatment which have been recommended for its cure.

WEDNESDAY, December 1.—AFTERNOON, 3 to 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Describe the more common forms of dyspepsia: state the circumstances by which functional may be distinguished from malignant diseases of the stomach. Specify the more important secondary disorders induced by dyspepsia, and detail the treatment, remedial and dietetic, applicable to each form of the disease.

2. Enumerate the varieties of tetanus: describe a paroxysm of trismus. Mention the exciting causes of tetanus, and give a brief outline of the theories which have been entertained of its nature or pathology. Sketch the treatment of tetanus, idiopathic and symptomatic.

THURSDAY, December 2.—MORNING, 10 to 1.

MIDWIFERY.

Examiner, Dr. RIGBY.

1. Enumerate the various causes of faulty uterine action during labour.
2. What are the symptoms, causes and treatment of Dysmenorrhœa?

THURSDAY, December 2.—AFTERNOON, 3 to 6.

MIDWIFERY.

Examiner, Dr. RIGBY.

1. Enumerate briefly the different species of puerperal fever as usually described by modern authors, their symptoms and treatment.
2. What is the diagnosis between the corroding ulcer of the os uteri and cancer of the uterus?

CANDIDATES.

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The following Candidates passed the Examinations, and have consequently been admitted to the Degree of DOCTOR OF MEDICINE.

### *First Division.*

|                                 |                             |
|---------------------------------|-----------------------------|
|                                 | Medical Schools, &c.        |
| *COOKE, WILLIAM MARTEN.....     | Webb Street.                |
| COOPER, HENRY .....             | University College.         |
| GOODFELLOW, STEPHEN JENNINGS... | St. Bartholomew's Hospital. |
| *MACKENZIE, FREDERICK WILLIAM.. | University College.         |
| RAYNER, WILLIAM .....           | University College.         |
| WADDY, JONATHAN MASON .....     | Guy's and St. Thomas's.     |

### *Second Division.*

AYRES, PHILIP BURNARD .....

University College.

\* To each of these a Certificate of Special Proficiency in Medicine was awarded.

## EXAMINATION FOR HONOURS.

### SURGERY.

WADDY, JONATHAN MASON .....

Guy's & St. Thomas's.

### MEDICINE.

MACKENZIE, FREDERICK WM... (*Gold Medal*)..

University College.

COOKE, WILLIAM MARTEN.....

Webb Street.

### MIDWIFERY.

WADDY, JONATHAN MASON... (*Gold Medal*)...

Guy's & St. Thomas's.

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